

Fill in this information to identify your case:

Debtor 1 Michael T. Owen, Sr.

Debtor 2 Deborah A. Owen
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF RHODE ISLAND

Case number 18-10973
(If known)

Check if this is:

☐ An amended filing

☒ A supplement showing postpetition chapter 13 income as of the following date:

1/19/2020
MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

☒ Employed
☐ Not employed

Senior Project Manager

M O'Connor Contracting, Inc.

19 Ledge Hill Road
West Roxbury, MA 02132

Debtor 2 or non-filing spouse

☒ Employed
☐ Not employed

Controller

Ajax Construction Co. Inc.

2833 Victory Highway
Harrisville, RI 02830

How long employed there?

6 Months

5 Years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

		For Debtor 1	For Debtor 2 or non-filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>10,833.33</u>	\$ <u>8,666.67</u>
3.	Estimate and list monthly overtime pay.	+\$ <u>0.00</u>	+\$ <u>0.00</u>
4.	Calculate gross income. Add line 2 + line 3.	\$ <u>10,833.33</u>	\$ <u>8,666.67</u>

/s/Michael T. Owen, Sr. 1/19/2021
/s/Deborah A. Owen 1/19/2021

Debtor 1 **Michael T. Owen, Sr.**
Debtor 2 **Deborah A. Owen**

Case number (if known) **18-10973**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 10,833.33	\$ 8,666.67
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 2,700.97	\$ 1,846.17
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 433.33
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify:	5h. + \$ 0.00	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 2,700.97	\$ 2,279.50
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 8,132.36	\$ 6,387.17
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify:	8h. + \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 8,132.36 + \$ 6,387.17	= \$ 14,519.53
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$	0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$	14,519.53
		Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?		
<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: Debtor Spouse will return to work part time as of February 1, 2021, and will return to work full time as of May 1, 2021.		

ADMINISTRATIVE GENERAL ORDER--FORM B

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF RHODE ISLAND

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In re: Michael T. Owen, Sr.
Deborah A. Owen

Debtors

:

BK No. 18-10973
Chapter 13

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CERTIFICATE OF SERVICE

I, Rebecca L. Goldman, state that on January 19, 2021, I electronically filed the foregoing document with the United states Bankruptcy Court for the District of Rhode Island on behalf of Michael T. Owen Sr. and Deborah A. Owen using the CM/ECF System. The following participants have received notice electronically:

Gary L. Donahue, AUST, US Trustee
John Boyajian, Chapter 13 Trustee

I certify that I have mailed by first class mail, postage pre-paid, the documents electronically filed with the Court on the following non-CM/ECF participants:

See attached list

/s/ Rebecca L. Goldman

Label Matrix for local noticing
0103-1
Case 1:18-bk-10973
District of Rhode Island
Providence
Tue Jan 19 11:59:49 EST 2021

201 Wayland Avenue
Suite 8
Providence, RI 02906-4464

American Express National Bank
c/o Becket and Lee LLP
PO Box 3001
Malvern PA 19355-0701

American Express Travel Related Services Com
Inc.
c/o Becket and Lee LLP
PO Box 3001
Malvern PA 19355-0701

Bureaus Investment Group Portfolio No 15 LLC
c/o PRA Receivables Management, LLC
PO Box 41021
Norfolk VA 23541-1021

Capital One Bank (USA), N.A.
PO Box 71083
Charlotte, NC 28272-1083

(p)JPMORGAN CHASE BANK N A
BANKRUPTCY MAIL INTAKE TEAM
700 KANSAS LANE FLOOR 01
MONROE LA 71203-4774

City of Cranston
Tax Collector
869 Park Avenue
Cranston RI 02910-2786

ECMC
PO BOX 16408
St Paul, MN 55116-0408

(p)FORD MOTOR CREDIT COMPANY
P O BOX 62180
COLORADO SPRINGS CO 80962-2180

Ford Motor Credit Company LLC dba
Lincoln Automotive Financial Services
PO Box 62180
Colorado Springs, CO 80962-2180

Internal Revenue Service
PO Box 7346
Philadelphia PA 19101-7346

Lincoln Automotive Financial Services
PO Box 62180
Colorado Springs, CO 80962-2180

MERRICK BANK
Resurgent Capital Services
PO Box 10368
Greenville, SC 29603-0368

MIDLAND FUNDING LLC
PO Box 2011
Warren, MI 48090-2011

Mass Dept of Unemployment
19 Staniford Street
Boston MA 02114-2502

Massachusetts Department of Revenue
Bankruptcy Unit
P.O. Box 9564
Boston, MA 02114-9564

National Grid Bankruptcy Notic
300 Erie Blvd. West
Syracuse NY 13202-4201

(p)PORTFOLIO RECOVERY ASSOCIATES LLC
PO BOX 41067
NORFOLK VA 23541-1067

Quantum3 Group LLC as agent for
Comenity Capital Bank
PO Box 788
Kirkland, WA 98083-0788

State of RI
Division of Taxation
One Capitol Hill
Providence RI 02908-5800

Steven Tripp
Mark P. Gagliardi
201 Wayland Avenue
Suite 8
Providence, RI 02906-4464

TD Bank USA, N.A.
C O WEINSTEIN & RILEY, PS
2001 WESTERN AVENUE, STE 400
SEATTLE, WA 98121-3132

US Department of Education
Po Box 16448
Saint Paul, MN 55116-0448

Verizon
by American InfoSource LP as agent
PO Box 248838
Oklahoma City, OK 73124-8838

eCAST Settlement Corporation
PO Box 29262
New York NY 10087-9262

Chase Records Center
c/o JPMorgan Chase Bank, N.A.
Attn: Correspondence Mail
Mail Code LA4-5555
700 Kansas Lane
Monroe, LA 71203

Ford Motor Credit Company LLC
PO Box 62180
Colorado Springs, CO 80962

Portfolio Recovery Associates, LLC
POB 41067
Norfolk VA 23541

End of Label Matrix
Mailable recipients 25
Bypassed recipients 0
Total 25